Introduction

The Visual Impairment Service Team (VIST) program is designed to enhance the efficiency of the Visual Impairment Service Team programs within the Department of Veterans Affairs (VA). With this program Visual Impairment Service Teams are able to easily manage and track activities and services provided to blinded veterans in their service area. This program integrates several fields of patient data to produce a variety of reports. The VIST patient record printout can be used in place of VA Form (10-1371) and is a more versatile document than the card. Semi- annual Automated Management Information System (AMIS) reports can be run and veterans can be added or deleted from the rolls quickly.

☞ During the installation of VIST V. 4.0, all data entered using the class III Blind Rehabilitation software will be moved into the new files created for VIST V. 4.0. This conversion time will vary depending on the amount of patient information that was entered into the class III files.

The VIST Coordinator is the primary user of this program.

Icons

Icons used to highlight key points in this manual are defined as follows:

⚷ Required security keys

☞ Indicates the user should take note of the information.

Related Manuals

Visual Impairment Service Team V. 4.0 Technical Manual/Security Guide
Visual Impairment Service Team V. 4.0 Installation Guide

Visual Impairment Service Team (VIST) V. 4.0 Menu

VIST Menu

1   Edit VIST Options Menu...
    1   Enter/Edit VIST Patient Record
    2   Enter/Edit VIST Referral Roster
    3   Enter/Edit Inactive VIST Roster
    4   Enter/Edit VARO Claims Roster
    5   Enter/Edit VIST Benefits Checklist
    6   Enter/Edit VIST Parameters
    7   Delete VIST Referral Roster
    8   Delete VIST Patient Record

2   Print Individual Records...
    1   Individual Patient Record
    2   Individual Referral Record
    3   Individual Eye History
    4   Individual Claims Record
    5   Individual Annual Review Record
    6   Individual VIST Benefits Checklist

3   Print VIST Roster Menu...
    1   VIST Roster List
    2   VIST Referral Roster List
    3   VIST Roster List With Annual Review Date
    4   VARO Claims List
    5   Inpatient List
    6   Outpatient Appointment List
    7   Deceased Patients List
    8   Inactive VIST Roster List
    9   Additions to VIST Roster
   10   Field Visit Dates List
   11   VIST Roster Sorts...
        1   State
        2   City
        3   ZIP
        4   County
        5   Address/Phone List
        6   Birthdate
        7   Age
        8   Eye Diagnosis
        9   Eye Diagnosis Narrative
       10   Fee Basis List

Entering and Editing VIST Options

Edit VIST Options Menu
[ANRV EDIT VIST OPTIONS] [Synonym:1]

This menu allows you to access the options to edit various fields within the VIST database.

☞ If this is the first time your site is using this software, you need to use the *Enter/Edit the VIST Parameters* option to enter site parameters first for the program to work properly.

Enter/Edit VIST Patient Record
[ANRV ENTER/EDIT VIST PATIENT] [Synonym:1]

With this option you are able to enter/edit the social data for the VIST veterans.

Example: Enter/Edit VIST Patient Record

```
Select VIST Menu Option: ?

    1       Edit VIST Options Menu ...
    2       Print Individual Records ...
    3       Print VIST Roster Menu ...
    4       VIST Letter Menu ...


Select VIST Menu Option: 1  Edit VIST Options Menu

Select Edit VIST Options Menu Option: ?

    1       Enter/Edit VIST Patient Record
    2       Enter/Edit VIST Referral Roster
    3       Enter/Edit Inactive VIST Roster
    4       Enter/Edit VARO Claims Roster
    5       Enter/Edit VIST Benefits Checklist
    6       Enter/Edit VIST Parameters


Select Edit VIST Options Menu Option: 1  Enter/Edit VIST Patient Record

Select VIST ROSTER NAME: OAT,WILLIE          09-01-50     449345555
  Are you adding 'OAT,WILLIE' as a new VIST ROSTER (the 17TH)? No// Y  (Yes)
ENROLLMENT DATE: 0327  (MAR 27, 1998)
```

```
REFERRAL SOURCE: ?
     Enter source of referral.
     Choose from:
        1          VA EYE CLINIC
        2          NON-VA EYE CLINIC
        3          STATE AGENCY
        4          COMMUNITY AGENCY
        5          VA STAFF
        6          VETERANS SERVICE ORGANIZATION
        7          FAMILY/FRIEND
        8          SELF
        9          OTHER
REFERRAL SOURCE: 1  VA EYE CLINIC
LIVING ARRANGEMENT: ?
     Enter the veteran's living arrangements.
     Choose from:
        1          ALONE
        2          FAMILY
        3          NURSING HOME
        4          STATE VETERANS CENTER
        5          UNKNOWN
        6          LIVES WITH FRIEND
        7          BOARD AND CARE
        8          OTHER
LIVING ARRANGEMENT: 2  FAMILY
NUMBER OF DEPENDENTS: 2
SPOUSE'S NAME: CATHY
Select NAME OF DEPENDENT & INFO: MARLENE
  Are you adding 'MARLENE' as a new NAME OF DEPENDENT & INFO (the 1ST for
this VIST ROSTER)? No// Y  (Yes)
Select NAME OF DEPENDENT & INFO: <ENTER>
VA ELIGIBILITY: SC 30%, A&A, VIETNAM
VA ENTITLEMENT (AMIS): ?
     Enter VA entitlement.
     Choose from:
        022        0% ONLY (022)
        023        10% SC THRU SMC (023)
        024        SC FOR BLINDNESS (024)
        025        NSC PENSION A&A/HB (025)
        NSC        NSC PENSION ONLY
        OTH        NSC OTHER ELIGIBILITY
VA ENTITLEMENT (AMIS): 024  SC FOR BLINDNESS (024)
Select EYE DIAGNOSIS: ?
 Answer with EYE DIAGNOSIS
     You may enter a new EYE DIAGNOSIS, if you wish
     Enter Eye Diagnosis.
 Answer with VIST EYE DIAGNOSIS
 Do you want the entire 14-Entry VIST EYE DIAGNOSIS List? Y  (Yes)
Choose from:
   APHAKIA
   CATARACT
   CHORIOID/RETINAL
   CORNEAL DISEASE
   DIABETIC RETINOPATHY
   GLAUCOMA
   HISTOPLASMOSIS
   MACULAR DISEASE
```

```
   OPTIC ATROPHY
   OPTIC NERVE
   OTHER
   RETINAL DETACHMENT
   RETINITIS PIGMENTOSA
   TRAUMA

     You may enter a new VIST EYE DIAGNOSIS, if you wish
     Answer must be 3-30 characters in length.
Select EYE DIAGNOSIS: TRAUMA
  Are you adding 'TRAUMA' as a new EYE DIAGNOSIS (the 1ST for this  VIST
ROSTER)? No// Y  (Yes)
Select EYE DIAGNOSIS:
Select EYE EXAM DATE: 0327   MAR 27, 1998
  Are you adding 'MAR 27, 1998' as a new EYE EXAM DATE (the 1ST for this  VIST
ROSTER)? No// Y  (Yes)
  EYE DIAGNOSIS NARRATIVE: GLAUCOMA
  VISUAL ACUITY RIGHT EYE: 20/100
  VISUAL ACUITY LEFT EYE: 20/70
  VISUAL FIELD RIGHT EYE: 10-15
  VISUAL FIELD LEFT EYE: 5
VISUAL ACTIVITY (AMIS): ?
     Enter Visual Acuities or fields per AMIS guidelines.
     Choose from:
       004      NO SIGHT (004)
       005      LP UP TO & INCLUDING 5/200 (005)
       006      LP OF 6/200 TO 20/200 (006)
       007      FIELD RESTRICTION (007)
       008      NOT KNOWN (008)
VISUAL ACTIVITY (AMIS): 007  FIELD RESTRICTION (007)
GENERAL HEALTH:
1><ENTER>     [This is a free text field.]
Select VIS TEAM REVIEW DATE: 0327   MAR 27, 1998
  Are you adding 'MAR 27, 1998' as
    a new VIS TEAM REVIEW DATE (the 1ST for this VIST ROSTER)? No// Y  (Yes)
  AMIS-STATUS OF REVIEW: ?
     Enter the AMIS status at the time of review.
     Choose from:
       035      COMPLETE (035)
       036      DECLINED (036)
       037      NO SHOW (037)
  AMIS-STATUS OF REVIEW: 035  COMPLETE (035)
  TYPE OF REVIEW: ?
     Enter the type of review.
     Choose from:
       1        FORMAL
       2        COMPONENT
  TYPE OF REVIEW: 1  FORMAL
Select VIS TEAM REVIEW DATE: 0424   APR 24, 1998
  Are you adding 'APR 24, 1998' as
    a new VIS TEAM REVIEW DATE (the 2ND for this VIST ROSTER)? No// Y  (Yes)
Select VIS TEAM REVIEW DATE: <ENTER>
Select VIST FIELD VISIT DATE (AMIS): <ENTER>
VIST ELIGIBLE (AMIS): ?
```

```
      Enter veteran's eligibility for VIST services.
      Choose from:
        001      YES (001)
        002      NO - REVIEWED FOR BRC ATTENDANCE (002)
        003      NO - OTHER (003)
        NO       NO - NOT LEGALLY BLIND
        I        INACTIVE
VIST ELIGIBLE (AMIS): Y  YES (001)
MAJOR ACTIVITY (AMIS): ?
      Enter the code corresponding to the veteran's major activity.
      Choose from:
        009      EMP FOR PAY (009)
        010      ENG IN TRN/SCHOOL (010)
        011      VOL WORK 10HRS/WK (011)
        012      RETIRED W/APPROP. ACT. (012)
        013      TOO ILL OR TOO DISABLED (013)
        014      NO WELL DEFINED ACT. (014)
        015      NOT KNOWN (015)
MAJOR ACTIVITY (AMIS): 013  TOO ILL OR TOO DISABLED (013)
FINANCIAL AND BENEFITS INFO:
  1><ENTER>     [This is a free text field.]
PATIENT HISTORY:
  1><ENTER>     [This is a free text field.]
ACTIVITIES:
  1><ENTER>     [This is a free text field.]
ADJUSTMENT TO BLINDNESS:
  1><ENTER>     [This is a free text field.]
IMPRESSIONS:
  1><ENTER>     [This is a free text field.]
PLAN:
  1><ENTER>     [This is a free text field.]

Select VIST ROSTER NAME:<ENTER>

Select Edit VIST Options Menu Option: <ENTER>
```

Enter/Edit VIST Referral Roster
[ANRV ENTER/EDIT INACTIVE VIST] [Synonym:2]

This option allows you to keep track of referrals for VA, state, and local blind rehabilitation programs.

☞ The veteran should be listed on the VIST Roster for you to be able to add him/her to the Referral Roster.

Example: Enter/Edit VIST Referral Roster

```
Select Edit VIST Options Menu Option: 2  Enter/Edit VIST Referral Roster

Select VIST REFERRAL ROSTER NAME:    OAT,WILLIE
  Are you adding 'OAT,WILLIE' as a new VIST REFERRAL ROSTER (the 4TH)? No// Y
  (Yes)
Select REFERRAL DATE: 010798  (JAN 07, 1998)
Are you adding 'JAN 07, 1998' as a new REFERRAL DATE (the 1ST for this  VIST
REFERRAL ROSTER)? No// Y  (Yes)
PLACE OF REFERRAL: BIRMINGHAM (CENTER)
  TYPE OF REFERRAL (AMIS): ?
     Enter the type of referral.
     Choose from:
        039      CTR 1ST EXP (039)
        040      CTR ADDL TRN (040)
        041      CLINIC 1ST EXP (041)
        042      CLINIC ADDL TRN (042)
        043      NON VA 1ST EXP (043)
        044      NON VA ADDL TRN (044)
  TYPE OF REFERRAL (AMIS): 039  CTR 1ST EXP (039)
  STATUS OF APPLICATION: ?
     Enter the status of the application.
     Choose from:
        051      ACCEPTED
        045      REJECTED (CENTER)
        046      REJECTED (CLINIC)
        052      WITHDREW
        053      PENDING
  STATUS OF APPLICATION: 051  ACCEPTED
  DATE OF NOTIFICATION: <ENTER>
  BLIND REHAB ADMISSION DATE: 0330   MAR 30, 1998
  BLIND REHAB DISCHARGE DATE: 0430  (APR 30, 1998)
  TYPE OF DISCHARGE: ?
     Enter the type of discharge.
     Choose from:
        047      BLIND CENTER (047)
        048      BLIND CLINIC (048)
        049      OTHER NON VA (049)
  TYPE OF DISCHARGE: 047  BLIND CENTER (047)
Select REFERRAL DATE: <ENTER>

Select VIST REFERRAL ROSTER NAME: <ENTER>

Select Edit VIST Options Menu Option:<ENTER>
```

Enter/Edit Inactive VIST Roster
[ANRV ENTER/EDIT INACTIVE LIST] [Synonym:3]

You can keep track of veterans removed from the VIST Roster due to death, relocation, or change in legal blindness status with this option. It is recommended that veterans *not* be deleted from the VIST Roster until after they have been considered inactive for a period of time. The period of time is up to the VIST Coordinator's discretion. This will ensure accurate AMIS reporting.

☞ Don't *Inactivate* a veteran until after the AMIS period is completed, otherwise statistical records regarding the veteran will not be counted on your semiannual AMIS report.

☞ Make sure you change the veteran's VIST Eligible status to INACTIVE in the *Enter/Edit VIST Patient Record* option. Otherwise, the veteran will be counted on the AMIS report.

Example: Enter/Edit Inactive VIST Roster

```
Select Edit VIST Options Menu Option: 3  Enter/Edit Inactive VIST Roster

Select VIST ROSTER NAME:    OAT,WILLIE
Select INACTIVATION DATE: 0501   MAY 01, 1998
  REASON: ?
     Enter the reason that this veteran was inactivated.
     Choose from:
        1        DECEASED
        2        RELOCATED
        3        NOT LEGALLY BLIND
  REASON: 2  RELOCATED

Select VIST ROSTER NAME: <ENTER>

Select Edit VIST Options Menu Option: <ENTER>
```

Enter/Edit VARO Claims Roster
[ANRV ENTER/EDIT VARO CLAIMS] [Synonym:4]

This option allows you to keep track of Veterans Affairs Regional Office (VARO) claims filed to the regional office.

☞ The veteran should be listed on the VIST Roster for you to be able to add him to the VARO Claims Roster.

Example: Enter/Edit VARO Claims Roster

```
Select Edit VIST Options Menu Option: 4  Enter/Edit VARO Claims Roster

Select VARO CLAIMS NAME:    OAT,WILLIE
  Are you adding 'OAT,WILLIE' as a new VARO CLAIMS (the 8TH)? No// Y  (Yes)
NAME: OAT,WILLIE// <ENTER>
Select DATE OF CLAIM: 0327    MAR 27, 1998
  Are you adding 'MAR 27, 1998' as a new DATE OF CLAIM (the 1ST for this  VARO
CLAIMS)? No// Y  (Yes)
  CLAIM: ?
     Enter the type of claim being filed.
     Choose from:
        01       A&A/HB (IMPROVED PENSION)
        02       INCREASE SC RATING
        03       INITIAL SC RATING
        04       SWITCH TO IMPROVED PENSION
        05       OTHER
  CLAIM: 01  A&A/HB (IMPROVED PENSION)
  REGIONAL OFFICE: ATLANTA, GA// <ENTER>
  VARO DECISION: ?
     Enter the VARO decision, accepted ,denied, or pending, regarding this
     claim.
     Choose from:
        A        ACCEPTED
        D        DENIED
        P        PENDING
  VARO DECISION: A  ACCEPTED
Select DATE OF CLAIM: <ENTER>

Select VARO CLAIMS NAME: <ENTER>

Select Edit VIST Options Menu Option: <ENTER>
```

Enter/Edit VIST Benefits Checklist
[ANRV ENTER/EDIT CHECKLIST] [Synonym:5]

You are able to keep track of each VIST veteran's eligibility for and use of various benefits and services for the blind with this option.

☞   The veteran should be listed on the VIST Roster for you to be able to add him to the VARO Claims Roster.

Example: Enter/Edit VIST Benefits Checklist

```
Select Edit VIST Options Menu Option: 5  Enter/Edit VIST Benefits Checklist

Select VIST BENEFITS AND SERVICES CHECKLIST NAME:    OAT,WILLIE
  Are you adding 'OAT,WILLIE' as
    a new VIST BENEFITS AND SERVICES CHECKLIST (the 2ND)? No// Y  (Yes)
NAME: OAT,WILLIE// <ENTER>
AUTO GRANT: ?
      Enter whether or not the veteran has used or is eligible for the Auto
      Grant.
 Answer with VIST CHECKLIST OPTIONS CHECKLIST NAME
Choose from:
   DECLINED
   NOT AVAILABLE
   NOT ELIGIBLE
   PENDING
   YES
```

AUTO GRANT: **Y**ES *[Answer the remaining prompts with the VIST CHECKLIST OPTIONS CHECKLIST NAME as shown in the prompt above.]*

```
BLIND REHAB. TRAINING: YES
CHAMPUS: NOT ELIGIBLE
CHAMPVA:    NOT ELIGIBLE
CLOTHING ALLOWANCE:    NOT ELIGIBLE
EDUCATION - VA:    NOT ELIGIBLE
FEE BASIS: PENDING
HISA:    PENDING
INSURANCE - SDVI: NOT AVAILABLE
INSURANCE - WAIVE PREMIUM: NOT ELIGIBLE
PROSTHETICS: PENDING
SAH - 801(a): NOT ELIGIBLE
SAH - 801(b): NOT ELIGIBLE
VA VOCATIONAL REHABILITATION: DECLINED
VIST ANNUAL REVIEW: YES
IDENTIFICATION CARD: YES
BLINDED VETERANS ASSOCIATION: YES
COMMISSARY AND EXCHANGE: YES
NATIONAL CONSUMER GROUPS: YES
FREE POSTAGE: NOT ELIGIBLE
PHONE DIRECTORY ASSISTANCE: YES
DOG GUIDE TRAINING: PENDING
HADLEY SCHOOL FOR THE BLIND: NOT AVAILABLE
HANDICAP PARKING PLACARD: YES
```

```
INCOME TAX DEDUCTION: YES
NAT'L PARKS ADMISSION PERMIT: YES
RADIO READING SERVICE: YES
RECORDING FOR THE BLIND: YES
SOCIAL SECURITY: YES
TALKING BOOKS: YES
VOTING RIGHTS: YES
Select LOCAL BENEFITS AND SERVICES: ?
 Answer with LOCAL BENEFITS AND SERVICES
      You may enter a new LOCAL BENEFITS AND SERVICES, if you wish
      Indicate veteran's awareness of these programs.
 Answer with VIST LOCAL BENEFITS AND SERVICES NAME
Choose from:
   HUNTING/FISHING LICENSE
   LOCAL AGENCY FOR THE BLIND
   PROPERTY TAX EXEMPTION
   STATE SERVICES FOR THE BLIND
   TRANSIT PASS

Select LOCAL BENEFITS AND SERVICES: LOCAL AGENCY FOR THE BLIND
  Are you adding 'LOCAL AGENCY FOR THE BLIND' as
    a new LOCAL BENEFITS AND SERVICES (the 1ST for this  VIST BENEFITS AND
SERVICES CHECKLIST)? No// Y  (Yes)
STATUS: PENDING
Select LOCAL BENEFITS AND SERVICES: STATE SERVICES FOR THE BLIND
  Are you adding 'STATE SERVICES FOR THE BLIND' as
    a new LOCAL BENEFITS AND SERVICES (the 2ND for this  VIST BENEFITS AND
SERVICES CHECKLIST)? No// Y  (Yes)
  STATUS:
Select LOCAL BENEFITS AND SERVICES: <ENTER>

Select VIST BENEFITS AND SERVICES CHECKLIST NAME: <ENTER>

Select Edit VIST Options Menu Option: <ENTER>
```

Enter/Edit VIST Parameters
[ANRV ENTER/EDIT VIST PARAMETER] [Synonym:6]

You can customize the VIST program using this option. The VIST Coordinator's name should be entered as you want it to look on the VIST Patient Record. It should include any title or other information you wish to see as a part of the name. The telephone extension and/or routing symbol, whichever you prefer, will be printed on the VIST Veteran Record directly under the name of the VIST Coordinator. When you enter VARO claims, you will be asked which regional office the claim was submitted to. Enter the name of the regional office you use most often at the "DEFAULT REGIONAL OFFICE" prompt and it will appear as the default whenever you enter VARO claims.

☞ First time users should use the *Enter/Edit VIST Parameters* option before using other options. The fields shown in the example below will be blank and must be answered for the program to work properly. Once set, this option can be ignored until there is a change in VIST Coordinators.

Example: Enter/Edit VIST Parameters

```
Select Edit VIST Options Menu Option: 6   Enter/Edit VIST Parameters

The site name, BIRMINGHAM, AL., is already defined in the VIST PARAMETERS
file.

Do you want to edit the SITE NAME in the VIST PARAMETER file? No// Y   YES


SITE NAME: BIRMINGHAM, AL.// <ENTER>
VIST COORDINATOR: Fred Smith// JOHN GROVENER
ROUTING SYMBOL OR PHONE: 111// <ENTER>
DEFAULT REGIONAL OFFICE: ATLANTA, GA// <ENTER>

Select Edit VIST Options Menu Option: <ENTER>
```

Delete VIST Referral Roster
[ANRV DELETE REFERRAL] [Synonym:7]

This option allows the VIST Coordinator to delete a veteran from the VIST REFERRAL ROSTER file (#2042.5).

Delete VIST Patient Record
[ANRV DELETE ROSTER] [Synonym:8]

This option allows the VIST Coordinator to delete a veteran from the VIST ROSTER file (#2040). It also deletes the corresponding entries for the veteran in the VIST BENEFITS AND SERVICES CHECKLIST (#2041.7), VIST REFERRAL ROSTER (#2042.5), and VARO CLAIMS (#2043.5) files.

Printing Individual Records

Print Individual Records
[ANRV INDIVIDUAL RECORDS] [Synonym:2]

This menu contains options that allow the VIST Coordinator to print information for one VIST veteran.

Individual Patient Record
[ANRV PRINT PATIENT RECORD] [Synonym:1]

This is the electronic version of the VIST Record, VA FORM 10-1371. This option provides you with a printout of a combination of information from the VIST patient record file and the main hospital database file.

Example: Individual Referral Record

```
Select VIST Menu Option: 2  Print Individual Records

Select Print Individual Records Option: 1  Individual Patient Record
Select VIST PATIENT: OAT,WILLIE           09-01-50      449345555
DEVICE: [Select Print Device]
Do you want your output QUEUED? NO//  <ENTER> (NO)
```

...report follows...

```
VISUAL IMPAIRMENT SERVICE TEAM (VIST)
                          PATIENT RECORD
                       BIRMINGHAM, AL. (521)
                          APR 01, 1998


Name:                      OAT,WILLIE
Address:                   GOLDEN TEMPLE AVENUE
City,State,Zip:            FYFE, AL  22222
County:                    JACKSON
Phone:                     123-456-7890

Social Security Number:    449-34-5555
VA Claim Number:
Location of Claim File:
Service Dates:
Branch of Service (Last):
Date of Birth:             SEP 1,1950
Place of Birth:            AUSTIN, TX
Age:                       47
Employment Status:         SELF EMPLOYED
```

```
Marital Status:              NEVER MARRIED
Living Arrangement:          FAMILY
Number of Dependents:        1
Name of Spouse:              CATHY
Dependent(s) Name(s):
                             MARLENE


VIST Eligibility:            SC 30%, A&A, VIETNAM
Rated Disability:


Eye Diagnosis:               TRAUMA
Eye Exam Date (Last):        MAR 27, 1998
Visual Acuity Right Eye:     20/100
Visual Acuity Left Eye:      20/70
Visual Field Right Eye:      10-15
Visual Field Left Eye:       5

VIST Review Date (Last):     APR 24, 1998
Status of Review:
Type of Review:
Eligibility on Review Date:  SC 30%, A&A, VIETNAM
Field Visit Date (Last):



OAT,WILLIE   449-34-5555                Page 1




VISUAL IMPAIRMENT SERVICE TEAM (VIST)
                           PATIENT RECORD
                        BIRMINGHAM, AL. (521)
                          APR 22, 1998



                        VIS TEAM ASSESSMENT

General Health:

Financial/Benefits:

Patient History:

Activities:

Adjustment to Blindness:

Impressions:
```

[This report has been abbreviated to save space.]

Individual Referral Record
[ANRV PRINT IND. REFERRAL] [Synonym:2]

This option provides you with a printout of a patient's referral history. The record is sorted by the date of referral and includes the place of referral, AMIS information, and admit/discharge dates.

Example: Individual Referral Record

```
Select VIST Menu Option: 2  Print Individual Records

Select Print Individual Records Option: 2  Individual Referral Record

Select VIST REFERRAL ROSTER NAME:    OAT,WILLIE

DEVICE:    [Select Print Device]
Do you want your output QUEUED? NO// <ENTER>  (NO)
```

....*report follows*...

```
VIS TEAM PATIENT REFERRAL RECORD                                   APR  1,1998  12:31    PAGE 1
  REFERRAL                                 APPLICATION   NOTIF.   ADM.    DSCH.
  DATE      PLACE OF REFERRAL    TYPE       STATUS       DATE     DATE    DATE     TYPE OF DISCHARGE
---------------------------------------------------------------------------------------------------

Name:                 OAT,WILLIE
Social Security No.:   449-34-5555


  03/30/98  BIRMINGHAM (CENTER)   CTR 1ST EXP (039)  ACCEPTED          11/07/97 03/31/98   BLIND CENTER (047)
```

Individual Eye History
[ANRV INDIVIDUAL EYE DIAG] [Synonym:3]

This option provides you with a printout of a patient's VIST eye history. The record is sorted by the date of the VIST eye examination and includes the diagnosis, visual acuities, and fields.

Example: Individual Eye History

```
Select Print Individual Records Option: 3  Individual Eye History

Select VIST ROSTER NAME:    OAT,WILLIE

DEVICE:    [Select Print Device]
Do you want your output QUEUED? NO// <ENTER>  (NO)
```
....*report follows*...

```
                        INDIVIDUAL VIST EYE HISTORY


   Veteran's Name:   OAT,WILLIE
   Social Security:  449-34-5555
   Eye Diagnosis:    TRAUMA



   EXAM           ACUITY          ACUITY          FIELD           FIELD
   DATE           RIGHT EYE       LEFT EYE        RIGHT EYE       LEFT EYE
   _____


   MAR 27,1998    20/100          20/70           10-15           5
```

Individual Claims Record
[ANRV CLAIM REC INQ] [Synonym:4]

With this option you get a printout of VARO claims filed by VIST on behalf of an individual. This record is sorted by the date of the claim and includes the type of claim, regional office, and the VARO decision.

Example: Individual Claims Record

```
Select Print Individual Records Option: 4  Individual Claims Record

Select VARO CLAIMS NAME: JONES,MICK          12-12-87     222334444     NO

DEVICE:    [Select Print Device]
Do you want your output QUEUED? NO// <ENTER>  (NO)
```
....*report follows*...

```
                          INDIVIDUAL VIST CLAIM RECORD


   Veteran's Name:    JONES,MICK
   Soc. Sec. No.:     222-33-4444
   Claim No.:         c-22233444


   Date of Claim    Type of Claim            Regional Office      VARO Decision
   _____


   JAN 31,1998      INCREASE SC RATING       ATLANTA, GA          DENIED
   FEB 10,1998      SWITCH TO IMPROVED PENSION  ATLANTA, GA       ACCEPTED
```

Individual Annual Review Record
[ANRV ANNUAL REVIEW INQ] [Synonym:5]

Using this option you can obtain a printout of past VIST Reviews for a particular blinded veteran. The printout includes the Review date, veteran's name, social security number, status of review, type of review, and eligibility on review date.

Example: Individual Annual Review Record

```
Select Print Individual Records Option: 5  Individual Annual Review Record


Select VIST ROSTER NAME:    OAT,WILLIE
DEVICE:    [Select Print Device]
Do you want your output QUEUED? NO// <ENTER>  (NO)
```
....*report follows*..
```
        ANNUAL REVIEW INQUIRY                    APR  1,1998  12:36    PAGE 1
NAME                          SSN
    VIS TEAM     AMIS-STATUS OF  TYPE OF
    REVIEW DATE  REVIEW          REVIEW              ELIGIBILITY ON REVIEW DATE
    -----------------------------------------------------------------------------

OAT,WILLIE                    449345555
    MAR 27,1998  COMPLETE (035)  FORMAL              SC 30%,  A&A, VIETNAM
    APR 24,1998                                      SC 30%,  A&A, VIETNAM
```

Individual VIST Benefits Checklist
[ANRV CHECKLIST INQ] [Synonym:6]

This option provides you with a printout of an individual's eligibility of use of various VA and non-VA benefits and services for blinded veterans.

Example: Individual VIST Benefits Checklist

```
Select Print Individual Records Option: 6  Individual VIST Benefits Checklist

Select VIST BENEFITS AND SERVICES CHECKLIST NAME:    OAT,WILLIE

DEVICE:    [Select Print Device]
Do you want your output QUEUED? NO// <ENTER>  (NO)
```
....*report follows*...

```
                        VIST BENEFITS & SERVICES CHECKLIST

Veteran's Name:    OAT,WILLIE
VIST Review Date:  APR 24,1998
Soc. Sec. No.:     449-34-5555


VA BENEFITS AND SERVICES
_____

Auto Grant                                           YES
Blind Rehabilitation Training                        YES
CHAMPUS                                              NOT ELIGIBLE
CHAMPVA                                              NOT ELIGIBLE
Clothing Allowance                                   NOT ELIGIBLE
Education                                            NOT ELIGIBLE
Fee Basis                                            PENDING
HISA                                                 PENDING
Insurance - Service Disabled Veterans Insurance      NOT AVAILABLE
Insurance - Waive Premium                            NOT ELIGIBLE
Prosthetics                                          PENDING
Specially Adapted Housing - 801(a)                   NOT ELIGIBLE
Special Housing Adaptations - 801(b)                 NOT ELIGIBLE
VA Vocational Rehabilitation                         DECLINED
VIST Annual Review                                   YES


NON-VA BENEFITS AND SERVICES
_____

Identification Card                                  YES
Blinded Veterans Association                         YES
Commissary and Exchange                              YES
National Consumer Groups                             YES
Free Postage                                         NOT ELIGIBLE
Free Telephone Directory Assistance                  YES
Dog Guide Training                                   PENDING
Hadley School for the Blind                          NOT AVAILABLE
```

```
Handicap Parking Placard                          YES
Income Tax Deduction                              YES
National Parks Lifetime Admission Permit          YES
Radio Reading Service                             YES
Recording for the Blind                           YES
Social Security                                   YES
Talking Books                                     YES
Voting Rights                                     YES


LOCAL BENEFITS AND SERVICES
_____


Local Agency For The Blind                        PENDING
State Services For The Blind
```

Printing the VIST Roster

Print VIST Roster Menu
[ANRV PRINT VIST OPTIONS] [Synonym:3]

This menu contains options that enable the VIST Coordinator to print the records of veterans referred for VA, state, and local blind rehabilitation services.

VIST Roster List
[ANRV VIST ROSTER PRINT] [Synonym:1]

This printout is an alphabetic printout of every veteran being served by your VIST program. It includes each veteran's name, social security number, VIST eligibility, period of service, and VA eligibility.

☞ If you choose to print this list by All patients, patients with a date of death entry in Medical Administration Service (MAS) will not appear on the VIST Roster List. If you choose to print this list by individual patient and that patient has a date of death entry in MAS, a message will be displayed with the date of death.

Example: VIST Roster List

```
Select Print VIST Roster Menu Option: 1  VIST Roster List



VIST ROSTER PRINTOUT


Do you want the report to list:
    (A)ll patients, or
    (S)elect patients


Choose A or S: ALL

The right margin for this report is 132.

DEVICE: [Select Print Device]
Do you want your output QUEUED? NO// <ENTER>  (NO)
```
.... *report follows* ....

```
VIST ROSTER PRINTOUT                                 Printed APR 1,1998@12:41   Page 1

NAME                     SSN            VIST ELIGIBLE        PERIOD OF          VIST ELIGIBILITY
                                                             SERVICE
-------------------------------------------------------------------------------------------
ALLEN,PATRICK            737-37-3737
BASS,EARNEST T.          123-45-5119    NO - OTHER (003)     VIETNAM ERA        SC LESS THAN 50%
CASH,JOHNNY              159-23-6547    NO - OTHER (003)     POST-VIETNAM
CLAMPETT,ELLIE MAE       231-21-2234    YES (001)            OTHER
CLEAVER,THEODORE         448-17-0555    NO - OTHER (003)     POST-KOREAN        SC LESS THAN 50%
DAVIS,PAULETTE           223-33-4445                         POST-VIETNAM       HOUSEBOUND
DAWSON,EB                123-45-4344    NO - REVIEWED FOR  BRC                   AID & ATTENDANCE
DIDDLEY,BO               123-45-2968    YES (001)            OTHER
JADESTONE,MICK           232-32-3444    YES (001)
JONES,MICK               334-55-8967    YES (001)            WORLD WAR II       SC LESS THAN 50%
OAT,WILLIE               449-34-5555    YES (001)                               SC 30%,  A&A, VIETNAM
REYNOLDS,NANCY           488-59-9776    YES (001)                               SC LESS THAN 50%
ZOOM,BILLY               231-44-7629    YES (001)                               OTHER FEDERAL AGENCY
```

VIST Referral List
[ANRV REFERRAL PRINT] [Synonym:2]

This option provides you with a printout of referrals for blind rehabilitation based on the date of referral. You have the choice of how far back in time (i.e., one day, one month, one year, two years, etc.) the roster will be printed out. This printout is helpful for double checking the semi-annual AMIS report.

Example: VIST Referral List

```
Select Print VIST Roster Menu Option: 2  VIST Referral Roster List
* Previous selection: REFERRAL DATE not null
START WITH REFERRAL DATE: FIRST//  <ENTER>
DEVICE:    [Select Print Device]
Do you want your output QUEUED? NO//  <ENTER>   (NO)
```

..report follows...

```
VIST REFERRAL ROSTER LIST                                APR  1,1998  12:46    PAGE 1
REFERRAL DATE NAME            PLACE OF REFERRAL    STATUS    NOTIF. DATE  ADM. DATE    DSCH. DATE
------------------------------------------------------------------------------------------------

JAN 26,1998    CLAMPETT,ELLIE  BIRMINGHAM (CENTER)  ACCEPTED   JAN 26,1998  JAN 26,1998  FEB 6,1998
FEB 12,1998    JONES,MICK      BIRMINGHAM (CENTER)  ACCEPTED   FEB 12,1998  FEB 12,1998  FEB 12,1998
```

VIST Roster List with Annual Review Date
[ANRV ROSTER A/R PRINT] [Synonym:3]

This option is identical to the *VIST Roster List* option, except that it includes information on each veteran's last annual review. The printout includes the veteran's name, social security number, VIST eligibility, last annual review date, and status of review.

Example: VIST Roster List with Annual Review Date

```
Select Print VIST Roster Menu Option: 3  VIST Roster List With Annual Review Date
START WITH NAME: FIRST//  <ENTER>
DEVICE:     [Select Print Device]
Do you want your output QUEUED? NO//   <ENTER> (NO)
```

...report follows...

```
VIST ROSTER PRINTOUT - ANNUAL REVIEW                         APR 20,1998  10:48    PAGE 1
                                                             LAST
                                                             ANNUAL
NAME               SSN            VIST ELIGIBLE    VIST ELIGIBILITY      REVIEW    STATUS
-----------------------------------------------------------------------------------------

BASS,EARNEST T.    123-45-5119  NO - OTHER (003)  SC LESS THAN 50%      09/09/97  COMPLETE (035)
BODEAN,JETHRO      123-45-7212  INACTIVE          HOUSEBOUND            08/07/97  DECLINED (036)
CASH,JOHNNY        159-23-6547  NO - OTHER (003)                        03/18/98  COMPLETE (035)
CLAMPETT,ELLIE MAE 231-21-2234  YES (001)                               01/22/98  COMPLETE (035)
CLEAVER,THEODORE   448-17-0555  NO - OTHER (003)  SC LESS THAN 50%      01/00/97  COMPLETE (035)
DIDDLEY,BO         123-45-2968  YES (001)
JONES,MICK         334-55-8967  YES (001)         SC LESS THAN 50%      10/27/97  COMPLETE (035)
OAT,WILLIE         449-34-5555  YES (001)         SC 30%, A&A, VIETNAM  04/24/98  COMPLETE (035)
REYNOLDS,NANCY     488-59-9776  YES (001)         SC LESS THAN 50%      02/04/98  NO SHOW (037)
ZOOM,BILLY         231-44-7629  YES (001)         OTHER FEDERAL AGENCY  03/27/98  COMPLETE (035)
```

VARO Claims List
[ANRV PRINT VARO CLAIMS] [Synonym:4]

This option provides you with a printout that is sorted by date of VARO claims filed by VIST on behalf of blinded veterans. The printout includes the date of claim, veteran's name, social security number, VA claim number, type of claim, regional office, and the VARO decision.

Example: VARO Claims List

```
Select Print VIST Roster Menu Option: 4  VARO Claims List




VIST VARO CLAIMS LIST




Do you want the report to list:
   (A)ll patients or
   (S)elect patients


Choose A or S: ALL
DEVICE:    [Select Print Device]
Do you want your output QUEUED? NO//   <ENTER> (NO)
```

....*report follows*..

```
VIST VARO CLAIMS LIST                                    Printed APR 1,1998@12:54    Page: 1

NAME            SSN          VA CLAIM #  DATE OF      CLAIM                    REGIONAL OFFICE  VARO DECISION
                                         CLAIM
-------------------------------------------------------------------------------------------------------------
BASS,EARNEST T. 123-45-5119  123455119  MAR 27,1998   A&A/HB (IMPROVED PENSION) ATLANTA, GA      ACCEPTED


BELL,MARY       467-87-3456             MAR 2,1987    INCREASE SC RATING        ASHEVILLE, NC    DENIED


DIDDLEY,BO      123-45-2968             SEP 9,1988    OTHER                     BIG SPRING, TX   DENIED
                                        OCT 6,1989    SWITCH TO IMPROVED PENSION BIG SPRING, TX  ACCEPTED


JADESTONE,MICK  232-32-3444             DEC 25,1986   INITIAL SC RATING         BAY PINES, FL    ACCEPTED


JONES,MICK      222-33-4444  22233444   JAN 31,1998   INCREASE SC RATING        ATLANTA, GA      DENIED
                                        FEB 10,1998   SWITCH TO IMPROVED PENSION ATLANTA, GA     ACCEPTED


REYNOLDS,NANCY  488-59-9776  488599776  AUG 9,1997    INITIAL SC RATING         ATLANTA, GA      ACCEPTED
```

Inpatient List
[ANRV INPATIENT LIST] [Synonym:5]

You can obtain a printout of VIST patients currently admitted to your VA Medical Center using this option. The printout is sorted by ward and includes the veteran's name, social security number, room number, and date of admission.

Example: Inpatient List

```
Select Print VIST Roster Menu Option: 5  Inpatient List
DEVICE:    [Select Print Device]
Do you want your output QUEUED? NO//   <ENTER> (NO)
```

....*report follows*..

```
VIST INPATIENT ROSTER LIST              APR 20,1998  13:26   PAGE 1
NAME                           SSN           WARD       ROOM-BED
-------------------------------------------------------------------------


BODEAN,JETHRO                  123-45-7212    1 SOUTH

DAVIS,PAULETTE                 223-33-4445    1 WEST (
ZOOM,BILLY                     231-44-7629    1 WEST (
ALLEN,PATRICK                  737-37-3737    1 WEST (     101-A
BELL,MARY                      467-87-3456    1 WEST (     102-2

DAWSON,EB                      123-45-4344    2 EAST
CLAMPETT,ELLIE MAE             231-21-2234    2 EAST       250-A
DIDDLEY,BO                     123-45-2968    2 EAST       250-B
JADESTONE,MICK                 232-32-3444    2 EAST       250-D

CASH,JOHNNY                    159-23-6547    2 SOUTH      230-A
DASTARDLY,DICK                 111-22-3333    2 SOUTH      230-D
```

Outpatient Appointment List
[ANRV OUTPATIENT APPT. LIST] [Synonym:6]

This option provides you with a printout of past or future outpatient appointments for VIST patients. You enter a date range and the printout lists all appointments by date and time. The printout includes the date of appointment, veteran's name, social security number, time of appointment, and clinic.

Example: Outpatient Appointment List

```
Select Print VIST Roster Menu Option: 6  Outpatient Appointment List




OUTPATIENT APPOINTMENT LIST

The right margin for this report is 132.



Do you want to sort by (P)atient or (D)ate/time of appointment?

Choose P or D: PATIENT

BEGINNING date for report: T-45  (MAR 06, 1998)
ENDING date for report: T  (APR 20, 1998)

Do you want to list outpatient appointments for:
      (A)ll patients, or
      (S)elect patients.

Choose A or S: A  ALL
DEVICE: [Select Print Device]
Do you want your output QUEUED? NO//  <ENTER> (NO)

.........................................................report follows.........................................................

VIST ROSTER OUTPATIENT APPOINTMENTS FROM MAR 6,1998 TO APR 20,1998                              Page 1
NAME                SSN           LAST ANNUAL REVIEW  STATUS          APPT. DATE/TIME   CLINIC
------------------------------------------------------------------------------------------------------

BASS,EARNEST T.     123-45-5119   SEP 9,1997          COMPLETE (035)  MAR 26,1998@11:00  CARDIOLOGY


DIDDLEY,BO          123-45-2968                                       MAR 25,1998@10:30  PULMONARY
```

Deceased Patients List
[ANRV DECEASED PATIENTS] [Synonym:7]

Using a date range you can print out a list of VIST eligible veterans that have been listed as deceased in the main Veterans Health Information Systems and Technology Architecture (**V**IST**A**) files with this option.

Example: Deceased Patients List

```
Select Print VIST Roster Menu Option: 7  Deceased Patients List
  * Previous selection: NAME:DATE OF DEATH not null
   START WITH NAME:DATE OF DEATH: FIRST// <ENTER>
DEVICE: [Select Print Device]
Do you want your output QUEUED? NO//  <ENTER> (NO)
```

....*report follows*...

```
DECEASED LISTING OF VIST PATIENTS              APR 20,1998  13:30    PAGE 1
NAME                           SSN              DATE OF DEATH
--------------------------------------------------------------------------------

CLEAVER,THEODORE               448-17-0555      JUN 22,1995
```

Inactive VIST Roster List
[ANRV PRINT INACTIVE VIST] [Synonym:8]

This option provides you with a printout of VIST eligible veterans listed on the Inactive VIST Roster.

Example: Inactive VIST Roster List

```
Select Print VIST Roster Menu Option: 8  Inactive VIST Roster List
* Previous selection: INACTIVATION DATE not null
START WITH INACTIVATION DATE: FIRST// <ENTER>
DEVICE: [Select Print Device]
Do you want your output QUEUED? NO//  <ENTER> (NO)
```

....*report follows*...

```
VIST ROSTER INACTIVATION LIST **BE SURE VIST ELIGIBLE READS INACTIVE**
                                            APR 20,1998  13:31    PAGE 1
INACTIVATION
DATE           NAME                  SSN          REASON            VIST ELILGIBLE
----------------------------------------------------------------------------------

JAN 26,1998    JONES,MICK            222-33-4444  RELOCATED
                                                                  YES (001)
FEB 27,1998    REYNOLDS,NANCY        488-59-9776  NOT LEGALLY BLIND
                                                                  YES (001)
MAY  1,1998    OAT,WILLIE            449-34-5555  RELOCATED
                                                                  YES (001)

               -----------------------
COUNT          3
```

Additions to VIST Roster
[ANRV ADD TO VIST ROSTER] [Synonym:9]

Using a date range you can print a list of veterans added to the VIST Roster
with this option.

Example: Additions to VIST Roster

```
Select Print VIST Roster Menu Option: 9  Additions to VIST Roster
* Previous selection: ENROLLMENT DATE not null
START WITH ENROLLMENT DATE: FIRST// <ENTER>
DEVICE: [Select Print Device]
Do you want your output QUEUED? NO//  <ENTER> (NO)
```

....*report follows*...

```
ADDITIONS TO VIST ROSTER                        APR 20,1998  13:32    PAGE 1
ENROLLMENT
DATE          NAME                   SSN          VIST ELIGIBLE   REFERRAL SOURCE
----------------------------------------------------------------------------------

MAY  5,1994  DASTARDLY,DICK          111-22-3333   YES (001)       FAMILY/FRIEND
JUN  6,1996  BODEAN,JETHRO           123-45-7212   INACTIVE        OTHER
MAR 26,1997  JONES,MICK              334-55-8967   YES (001)       FAMILY/FRIEND
JUN  7,1997  BASS,EARNEST T.         123-45-5119   NO - OTHER (0   SELF
JAN 22,1998  CLAMPETT,ELLIE MAE      231-21-2234   YES (001)       VA EYE CLINIC
JAN 30,1998  REYNOLDS,NANCY          488-59-9776   YES (001)       SELF
FEB  3,1998  DAWSON,EB               123-45-4344   NO - REVIEWED   VA STAFF
FEB  3,1998  DIDDLEY,BO              123-45-2968   YES (001)       SELF
FEB 18,1998  JONES,MICK              222-33-4444   YES (001)       VA EYE CLINIC
MAR 18,1998  CASH,JOHNNY             159-23-6547   NO - OTHER (0   VA EYE CLINIC
MAR 27,1998  BELL,MARY               467-87-3456   NO - REVIEWED   VA EYE CLINIC
MAR 27,1998  CLEAVER,THEODORE        448-17-0555   NO - OTHER (0   VA EYE CLINIC
MAR 27,1998  OAT,WILLIE              449-34-5555   YES (001)       VA EYE CLINIC
------------------------------
COUNT       13
```

Field Visit Date(s) List
[ANRV FIELD VISIT DATES] [Synonym:10]

With this option you can obtain a printout of field visit date(s) counted by the AMIS report. This option allows you to enter a date range for this printout.

Example: Field Visit Date(s) List

```
Select Print VIST Roster Menu Option: 10   Field Visit Dates List
* Previous selection: VIST FIELD VISIT DATE (AMIS) not null
START WITH VIST FIELD VISIT DATE (AMIS): FIRST//  <ENTER>
DEVICE:  [Select Print Device]
Do you want your output QUEUED? NO//   <ENTER> (NO)
```

.... *report follows*...

```
FIELD VISIT(S) DATE LIST                          APR 20,1998  13:34    PAGE 1
FIELD VIST
DATE          NAME                    SSN             VIST ELIGIBLE
---------------------------------------------------------------------------------

AUG  9,1995   DASTARDLY,DICK          111-22-3333     YES (001)
JAN 1997      CLEAVER,THEODORE        448-17-0555     NO - OTHER (003)
SEP  8,1997   BODEAN,JETHRO           123-45-7212     INACTIVE
SEP  9,1997   BASS,EARNEST T.         123-45-5119     NO - OTHER (003)
JAN 30,1998   CLAMPETT,ELLIE MAE      231-21-2234     YES (001)
MAR 19,1998   JONES,MICK              222-33-4444     YES (001)
APR 18,1998   ZOOM,BILLY              231-44-7629     YES (001)
```

VIST Roster Sorts...
[ANRV ROSTER SORTS] [Synonym:11]

This menu includes various options for sorting the VIST Roster.

State
[ANRV STATE LIST] [Synonym:1]

This option provides an alphabetic printout of the entire VIST Roster by state of residence. You can sort by a particular state, or the report will print alphabetically by state.

City
[ANRV CITY LIST] [Synonym:2]

This option provides an alphabetic printout of the entire VIST Roster by city of residence. You can sort by a particular city, or the report will print alphabetically by city.

ZIP
[ANRV ZIP CODE LIST] [Synonym:3]

This option provides an alphabetic printout of the entire VIST Roster by ZIP code of residence. You can sort by a ZIP code, or the report will print numerically by ZIP code (smallest number listed first, i.e., 94304 would be listed before 94305).

County
[ANRV COUNTY LIST] [Synonym:4]

This option provides an alphabetic printout of the entire VIST Roster by county of residence. You can sort by a particular county, or the report will print alphabetically by county.

Address/Phone List
[ANRV ADDRESS LIST] [Synonym:5]

This option provides an alphabetic printout of the entire VIST Roster listing each veteran's name, address, and phone number.

Birthdate
[ANRV BIRTH LIST] [Synonym:6]

This option provides an alphabetic printout of the entire VIST Roster by birthdate. You can sort by a particular month, or the report will print alphabetically by month (i.e., August would be listed before February).

Age
[ANRV AGE LIST] [Synonym:7]

This option provides an alphabetic printout of the entire VIST Roster by age. You can sort by a particular age, or the report will print numerically by age (i.e., youngest would be listed first).

Eye Diagnosis
[ANRV EYE DIAG PRINT] [Synonym:8]

This option provides an alphabetic printout of the entire VIST Roster by eye diagnosis. You can sort by a particular eye diagnosis, or the report will print alphabetically by diagnosis (i.e., Cataract would be listed before Retinitis Pigmentosa).

Eye Diagnosis Narrative
[ANRV EYE DIAG NARRATIVE] [Synonym:9]

This option provides an alphabetic printout of the entire VIST Roster by eye diagnosis narrative. This option uses the old eye diagnosis field (which was an open narrative) to help users complete an updated listing of the new eye diagnosis field. You can sort by a particular eye diagnosis, or the report will print alphabetically by diagnosis (i.e., Cataract would be listed before Retinitis Pigmentosa).

Fee Basis List
[ANRV FEE PT] [Synonym:10]

This option provides an alphabetic printout of VIST eligible veterans with Fee Bases eligibility.

Period of Service

[ANRV POS LIST] [Synonym:11]

This option provides an alphabetic printout of the entire VIST Roster by period of service. You can sort by a particular period of service, or the report will print alphabetically by period of service (i.e., Korean Era would be listed before Vietnam War).

Referral Source List

[ANRV REFERRAL SOURCE LIST] [Synonym:12]

This option provides an alphabetic printout of the entire VIST Roster by referral source (who referred veteran to VIST). A date range can be entered for this printout. You can sort by a particular referral source, or the report will print alphabetically by referral source.

Annual Review Dates List

[ANRV ANNUAL REVIEW LIST] [Synonym:13]

This option provides a printout of past VIST Reviews sorted by date. The printout includes the Review date, veteran's name, last four social security numbers, and the status of the review and the type of review. A date range can be entered for this printout.

VIST Eligible (AMIS) List

[ANRV VIST ELIG LIST] [Synonym:14]

This option provides an alphabetic printout of the entire VIST Roster sorted by VIST eligible (AMIS) category (001,002,003, NO-NOT LEGALLY BLIND). The report includes the veteran's name, social security number, and VIST Eligible (AMIS) category.

AMIS Report
[ANRV AMIS REPORT] [Synonym:12]

This option provides a printout of the calculated totals for every category from 001 through 049 of the semi-annual AMIS report. If the VIST Roster contains incomplete AMIS (mandatory category) information, this option will print a list of those records by patient name and social security number at the end of the AMIS report.

This option may also be used to transmit the AMIS report to the program office.

☞   Double check all figures to ensure the accuracy of the results.

Example: Transmission of AMIS Report

```
Select Print VIST Roster Menu Option: 12  AMIS Report

I WILL PRINT THE AMIS REPORT FOR PERIOD SPECIFIED.


  BEGINNING AMIS DATE:  T-10  (APR 10, 1998)
     ENDING AMIS DATE:  T  (APR 20, 1998)


Do you want to email the AMIS report to the program office?(Y/N)? Y  (Yes)

Enter Average Man Hours Expensed by
VIST Coordinator Per Week or ^ to exit: ?

Field 050 - Average Man Hours must be entered

Must be a number between 1 and 9999.99
Up to 2 decimal precision is allowed.

Enter Average Man Hours Expensed by
VIST Coordinator Per Week or ^ to exit: 1
```

Example: AMIS Report Printout

```
Select Print VIST Roster Menu Option: 12  AMIS Report

I WILL PRINT THE AMIS REPORT FOR PERIOD SPECIFIED.


BEGINNING AMIS DATE:  T-10  (APR 10, 1998)
    ENDING AMIS DATE:  T  (APR 20, 1998)

Do you want to email the AMIS report to the program office?(Y/N)? N (No)

DEVICE: [Select Print Device]
Do you want your output QUEUED? NO//  <ENTER> (NO)
```

..report follows...

```
        VISUAL IMPAIRMENT SERVICE TEAM (VIST)
                         AMIS CODE SHEET

              FACILITY:  BIRMINGHAM ISC (#14)                   Page 1

              Period Beginning:  APR 10,1998
              Period Ending:     APR 20,1998


                                                    FIELD
                                                    CODE      TOTAL

        TOTAL VIST ELIGIBLE VETERANS                 001       9
        NON VIST ELIGIBLE VETERANS
              Reviewed for BRC Attendance            002       2
              Other                                  003       3
                                                            _____
                                                             14

        VISUAL ACTIVITY
              No Sight                               004       1
              LP up to and including 5/200           005       0
              LP of 6/200 to 20/200                  006       1
              Legally Blind by field restriction     007       2
              Not known                              008       5
                                                            _____
                                                              9
        MAJOR ACTIVITY
              Employed for pay                       009       2
              Engaged in training or school          010       1
              Volunteer work (10 hrs/wk)             011       0
              Retired w/approp. activities           012       0
              Too ill or too disabled                013       2
              No well defined activity               014       1
              Not known                              015       3
                                                            _____
                                                              9
        PERIOD OF SERVICE
              WWI, Spanish American War              016       0
              WWII                                   017       1
              Korean                                 018       0
              Vietnam Era                            019       0
              Peacetime                              020       4
              Not known                              021       4
                                                            _____
                                                              9
        ENTITLEMENT
              Service Connected
                    0% only                          022       1
                    Comp. SC, 10% - SMC              023       0
                    SC for blindness                 024       5
              NSC Pension A&A/HB                      025       0
                                                            _____
                                                              6
        AGE CATEGORY
              Under 25                               026       1
              25-34                                  027       1
              35-44                                  028       2
              45-54                                  029       2
              55-64                                  030       1
              65-74                                  031       0
              75-84                                  032       1
              85 and over                            033       1
              Not known                              034       0
                                                            _____
                                                              9
```

```
        TOTAL NUMBER OF VIST ANNUAL REVIEWS    035    0
        DECLINED VIST ANNUAL REVIEW            036    0
        'NO SHOW' FOR VIST ANNUAL REVIEW       037    0
        VIST COORDINATOR AND COORDINATOR       038    1
              INITIATED FIELD VISITS
        VIST REFERRALS
              Blind Rehabilitation Center
                    First Experience          039    0
                    Additional Training       040    0
              Blind Rehabilitation Clinic
                    First Experience          041    0
                    Additional Training       042    0
              Other Non-VA Agencies
                    First Experience          043    0
                    Additional Training       044    0
        VETERANS NOT ACCEPTED FOR BLIND
              REHABILITATION
                    Blind Rehabilitation Center   045    0
                    Blind Rehabilitation Clinic   046    0
        VETERANS DISCHARGED DURING
              REPORT PERIOD
                    Blind Rehabilitation Center   047    0
                    Blind Rehabilitation Clinic   048    0
                    Other Non-VA                  049    0
        AVERAGE MAN HOURS EXPENSED BY          050    _____ hours
              VIST COORDINATOR PER WEEK


                    PATIENTS WITH MISSING AMIS DATA
================================================================================
DAVIS,PAULETTE                     223334445
ALLEN,PATRICK                      737373737
```

Incomplete AMIS Roster
[ANRV INCOMPLETE AMIS LISTING] [Synonym:13]

This option provides you with a printout of VIST Roster entries that have incomplete AMIS documentation in the ENTER/EDIT VIST Patient Record database. This option should be run prior to printing the AMIS report.

```
Select Print VIST Roster Menu Option: 13  Incomplete AMIS Roster
DEVICE: [Select Print Device]
Do you want your output QUEUED? NO//  <ENTER> (NO)
```

..report follows...

```
INCOMPLETE AMIS ROSTER                       APR 20,1998  13:46    PAGE 1
NAME                            SSN
-------------------------------------------------------------------------

ALLEN,PATRICK                   737373737
DAVIS,PAULETTE                  223334445
```

Using the VIST Letter Menu

VIST Letter Menu
[ANRV LETTER MENU] [Synonym:4]

The *VIST Letter Menu* allows you to edit and print letters and mailing labels for various functions related to VIST. This feature has been added as a convenience for VIST Coordinators. There are 5 different letter options:

- BRC Application Letter   This is a cover letter for a Blind Rehabilitation Center (BRC) Application packet. This letter requires editing and is meant to be printed for a particular veteran.

- BRC Follow-up Letter   This is a questionnaire sent to the veteran following blind rehabilitation training. It is used to assist the center or clinic in following-up on the veteran.

- Claim Letter   This is a cover letter to a VARO when filing a claim on behalf of a VIST veteran. This letter is meant to be printed for a particular veteran.

- Invitation for VIST Review   This is an invitation for blinded veterans to notify VIST that they would like to participate in an annual review. This letter satisfies the requirements of M-2, Part XXIII and is meant to be printed as a mass mailing.

- IRS Exemption Letter   This letter is to be used for any other purpose needed by VIST.

☞   See the Appendix for examples of the different types of letters.

Edit VIST Letter
[ANRV ENTER/EDIT VIST LETTER] [Synonym:1]

With this option you can edit one or all of the VIST letters. The VIST letter choices include BRC Application Letter, BRC Follow-up Letter, Claim Letter, Invitation for VIST Review, and Miscellaneous.

Edit the letter as you would an e-mail or FORUM message. It is recommended that you switch to a full-screen editor to fully utilize the edit letter option.

IMPORTANT

Do *not* edit any of the special header features or fields that appear when editing a VIST letter. These areas of text are bracketed by the vertical line symbol (|). Some of these fields are used to pull out identifying information on each veteran that will receive a letter or are also used to center a header. When data is bracketed with "< >", you must edit this information by entering data that pertains to a particular veteran and your facility. You *must* remove the "< >" symbols while editing so that they do not appear in the letter.

Example of Edit VIST Letter

```
Select VIST Menu Option: 4  VIST Letter Menu

Select VIST Letter Menu Option: 1  Edit VIST Letter
Select VIST LETTER NAME: ?
 Answer with VIST LETTER NAME
Choose from:
   BRC APPLICATION LETTER
   BRC FOLLOW-UP LETTER
   CLAIM LETTER
   INVITATION FOR VIST REVIEW
   IRS EXEMPTION

    You may enter a new VIST LETTER, if you wish
    Answer must be 3-30 characters in length.
Select VIST LETTER NAME: CLAIM LETTER
```
REQUIRES PATIENT NAME: YES// `<ENTER>` *[This field must be answered YES if you want to pull a specific patient name and related information into a letter (i.e., mass mailings or BRC application letter, etc.). This field determines whether the software will prompt you in the PRINT VIST LETTER option for a specific patient's name or a range of names. If you answer NO then you will not be prompted for a patient's name during the printing of that letter.]*
```
TEXT OF LETTER:. . .
      . . .
 32>3. If you have any questions or concerns regarding this request please
 33>don't hesitate to contact me at FTS: <Enter Your Facility's Phone Number>.
```
[When data is bracketed with "< >", you must edit this information by entering the data that pertains to your facility. You must remove the "< >" symbols while editing so that they do not appear in the letter.]
```
 34>Please send me a copy of your rating decision.
 35>
 36>
 37>
 38>
 39>
 40><Enter VIST Coordinator's Name>, VIST Coordinator
```

```
EDIT Option: 33
 33>don't hesitate to contact me at  FTS: <Enter Your Facility's Phone Number>.
  Replace <Enter Your Facility's Phone Number> With (111)222-3333
  Replace <ENTER>
   don't hesitate to contact me at FTS: (111)222-3333.
Edit line: <ENTER>
EDIT Option: <ENTER>
Select VIST LETTER NAME: <ENTER>
```

Print VIST Letter
[ANRV PRINT LETTER] [Synonym:2]

This option allows you to print one or more of the VIST letters.

```
Select VIST Letter Menu Option: 2  Print VIST Letter
Select Form Letter to Print: CLAIM LETTER
If you wish to print a letter for a single patient
Select Patient: OAT,WILLIE           09-01-50     449345555
DEVICE: [Select Print Device]
```

☞ See the Appendix for examples of the different types of letters.

Test Label Alignment
[ANRV TEST LABEL] [Synonym:3]

This option allows the VIST Coordinator to print a test mailing label to check the alignment of the labels in the printer before printing other mailing labels.

Print Mailing Labels by Patient
[ANRV MAIL LABELS] [Synonym:4]

With this option you can generate a set of mailing labels for mass mailings. You can print labels for all patients, or select patients. This option is designed to work with 3½ " by 15/16", fanfold strip (1 wide) size labels.

Print Mailing Labels by City
[ANRV LABELS BY CITY] [Synonym:5]

With this option you can generate a set of mailing labels for mass mailing by city. You can print labels for all patients, or select patients. This option is designed to work with 3½ " by 15/16", fanfold strip (1 wide) size labels.

Print Mailing Labels by County
[ANRV LABELS BY COUNTY] [Synonym:6]

With this option you can generate a set of mailing labels for mass mailing by county. You can print labels for all patients, or select patients. This option is designed to work with 3½ " by 15/16", fanfold strip (1 wide) size labels.

Print Mailing Labels by State
[ANRV LABELS BY STATE] [Synonym:7]

With this option you can generate a set of mailing labels for mass mailing by state. You can print labels for all patients, or select patients. This option is designed to work with 3½" by 15/16", fanfold strip (1 wide) size labels.

Glossary

AMIS	Automated Management Information System
BRC Application Letter	This is a cover letter for a Blind Rehabilitation Center (BRC) Application packet. This letter requires editing and is meant to be printed for a particular veteran.
BRC Follow-up Letter	This is a questionnaire sent to the veteran following blind rehabilitation training. It is used to assist the center or clinic in following-up on the veteran.
Claim Letter	This is a cover letter to a VARO when filing a claim on behalf of a VIST veteran. This letter is meant to be printed for a particular veteran.
Invitation for VIST Review	This is an invitation for blinded veterans to notify VIST that they would like to participate in an annual review. This letter satisfies the requirements of M-2, Part XXIII and is meant to be printed as a mass mailing.
IRS Exemption Letter	This letter is to be used for any other purpose needed by VIST.
Non-VIST Eligible Veterans	Veterans that are legally blind, but not VIST eligible according to regulation. Veterans who meet this criteria should either be designated 002-NO-BRC or 003 NO-Other under the VIST ELIGIBLE (AMIS) field in the *Enter/Edit VIST Patient Record* option.
VARO	Veterans Affairs Regional Office
VIST	Visual Impairment Service Team

Appendix: VIST Letters

Example of a BRC Application Letter

APR 20,1998

<Enter Name of Chief (Routing Symbol)>
Chief
Central Blind Rehabilitation Center
<Enter Your VA Medical Center>
<Enter Street Address>
<Enter City, State ZIP>

SUBJ: Application for Admission to a VA Blind Rehabilitation Program

1. VETERAN: OAT,WILLIE   449345555

2. VIST BRC PROGRAM RECOMMENDATION: CENTER

3. PREVIOUS VA BLIND REHABILITATION: <Enter Year and Place>

4. Enclosed with this cover letter is the following BRC application
information:

    * VAF 10-10 (signed)
    * VIS Team Assessment
    * Eye Examination
    * History and Physical Examination
    * Relevant Lab, EKG and X-ray Reports
    * Audiology Examination
    * Required VA Forms

5. If you have any questions or concerns regarding this application,
please don't hesitate to contact me at FTS: <Enter Your Facility's Phone Number>.

<VIST Coordinator's Name>, VIST Coordinator

Example of a BRC Follow-up Letter

Department of Veterans Affairs
<Enter Your VA Medical Center>
<Enter Street Address>
<Enter City, State ZIP>

APR 20,1998

Willie Oat
2700 Guadalupe St.
Austin, TX 76893

Dear Mr. Oat:

We hope you enjoyed your recent blind rehabilitation training and were able to take some new found knowledge home with you that will make living with your visual loss easier. For the benefit of the VIST Coordinator as well as the Blind Rehabilitation Center or Clinic, we would appreciate your assistance with answering the following questions as they relate to your return from Blind Rehabilitation:

l. Has there been a change in your vision or medical condition?
_____

2. Has there been a change in your financial situation?
_____

3. How are you using the skills learned at the Blind Rehabilitation Center or Clinic?_____
_____

4. What did your spouse or family member think of the family program at the Blind Center or Clinic?_____

5. Are you using the low vision aids issued to you? If so how?
_____

6. Are you continuing to have major problems coping with your vision loss?
_____

7. What are your goals and future plans?_____
_____

Thank you for your assistance. Please return this completed letter in the enclosed envelope.

Sincerely Yours,

<VIST Coordinator's Name>, VIST COORDINATOR

Example of a Claim Letter

Department of Veterans Affairs
<Enter Your VA Medical Center>
<Enter Street Address>
<Enter City, State ZIP>

APR 20,1998

SUBJ: Re-evaluation of SC Condition

1. Identifying Information: Veteran: OAT,WILLIE
                               Claim #: c-
                               SS #:   449345555

2. Willie Oat was seen by the VIS Team on <Enter Date Veteran was seen by VIS Team>. He reports having decreased vision in both eyes and is requesting a re-evaluation of his current VA rating for vision loss. The veteran is currently rated <Enter SC Percentage> SC for vision loss. Our eye clinic found the veteran's best corrected central acuity to be <Enter Best Corrected Central Acuity> in both eyes. Enclosed with this letter is a copy of the VIST eye exam.

3. If you have any questions or concerns regarding this request please don't hesitate to contact me at FTS: <Enter Your Facility's Phone Number>. Please send me a copy of your rating decision.

<VIST Coordinator's Name>, VIST Coordinator

Example of Invitation for VIST Review

<div align="center">
Department of Veterans Affairs
<Enter Your VA Medical Center>
<Enter Street Address
<Enter City, State ZIP
</div>

APR 20,1998

Willie Oat
2700 Guadalupe St.
Austin, TX 76893

Dear Mr. Oat:

The Visual Impairment Service Team (VIS Team), <Enter Your VAMC> is pleased to offer your annual appointment to evaluate your overall health status and to make certain you are receiving the specialized benefits available through the Department of Veterans Affairs. This appointment includes the following: (1) A complete physical examination; (2) An eye examination; (3) A hearing evaluation; (4) A review of your prosthetic needs as they relate to your blindness; and (5) An interview with the VIST Coordinator who may be able to assist you with specific problems as they relate to your sight loss.

This annual review is entirely VOLUNTARY ON YOUR PART. IT DOES NOT IN ANY WAY affect your status with the VA if you choose not to participate. However, we sincerely encourage you to take advantage of this opportunity.

Please complete the form at the bottom of this letter and return it in the enclosed prepaid envelope. Even if you choose not to request an appointment, it would be appreciated if you would complete and return the form.

I personally look forward to an opportunity to meet with you if I have not already done so.

Sincerely,

<VIST Coordinator's Name>, VIST Coordinator

****
IF YOU HAVE QUESTIONS, PLEASE CALL <Enter VIST Coordinator's Name>, VIST COORDINATOR:
TELEPHONE <Enter Your Facility Phone Number>
NAME:_____
ADDRESS:_____
_____
HOME OR CONTACT TELEPHONE #:_____ BIRTHDATE:_____
SCHEDULE ME FOR 1998 : YES:___ NO:___ I PREFER THE MONTH OF:_____
I AM NOT INTERESTED IN A VIST REVIEW BECAUSE:_____
_____
SIGNATURE:_____ DATE:_____

Example of an IRS Exemption Letter

Department of Veterans Affairs
<Enter Your VA Medical Center>
<Enter Street Address>
<Enter City, State ZIP>

APR 20,1998

Willie Oat
2700 Guadalupe St.
Austin, TX 76893

To Whom It May Concern:

This is to advise that the veteran mentioned above is legally blind
according to records of this Medical Center. If there are any questions
with regard to the veteran's visual acuities or visual fields, you may
contact (Release of Information) at this Medical Center <Enter Your Facility's
Phone Number>. The veteran's legal blindness is permanent and irreversible.

<Enter VIST Coordinator's Name>, VIST Coordinator

Index

R

S

T

U

V

Z

VISUAL IMPAIRMENT SERVICE TEAM (VIST)

User Manual

Version 4.0

June 1998

Table of Contents